2016-07-25-03-00091204

FE6AN026

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 JUL 25 AM 10: 18

								Office Use C	Only	
1. NAME OF COMMITT	: FEE (in full) .	TYPE OR F	PRINT ▼		ample: If typin or the lines.	g, type	12FE4M5			
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ADDRESS (nui	mber and street)	180	BOX	7,21	111:	<u> </u>			<u> </u>	
than	k if different previously ted. (ACC)	BCE	CH G	ROVE				4610	2 -L	
2. FEC IDEI	NTIFICATION N	JMBER ▼		CITY 🛦		S	TATE A	ZIF	CODE	<u> </u>
CO	<u> </u>	74		3. IS THIS REPORT		EW N) OR	AM (A)	ENDED		
4. TYPE O	F REPORT	(b) Mon Rep		Feb 20 (M2)	t =2.	May 20 (M5)	(max)	20 (M8)	Ye Ye	ov. 20 (M11) on-Election ar Only)
(a) Quarte	erly Reports:			Mar 20 (M3)	L ∯ J	un 20 (M6)	Sep	20 (M9)	(N	ec 20 (M12) on-Election ar Only)
	April 15 Quarterly Report (C	D1)		Apr 20 (M4)	J	ul 20 (M7)	ایستا	20 (M10)		an 31 (YE)
1	July 15 Quarterly Report (C	(C)	12-Day PRE-Electio Report for ti	- C	Primary (12P Convention (Days. Çene	General (Ru	inoff (12R)
	October 15 Quarterly Report (0	23),	TOPOT. TOT .	الينا	· · · · · · · · · · · · · · · · · · ·					
	January 31 Year-End Report (Y	/E)	E	lection on	N N /	ا (مرم	~ V ~ ~ V V ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ļ i	the tate of	
L F	July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d)	30-Day POST-Electi Report for t	والسيا	General (30G	i)	Runoff (3	0R)	Sr	pecial (30S)
	Termination Report (TER)		•	lection on	M H M /		**************************************	\ 2	the tate of	
5. Covering F	Period 0	ଏ <u>(</u> ଓ	1/23	V V	through	0.6	30	20 (G	
certify that I I	have examined th	nis Report a	nd to the be	est of my kno	wledge and b	elief it is tru	e, correct and	complete.		
Type or Print N	Name of Treasure		D V	1 IN IE	AR	•				,
Signature of Tr	reasurer	T	<u>\</u>	me	<u> </u>	D	ate 6	<u>า ไว้ร</u>	' '	20/16
NOTE: Submiss	sion of false, erron	eous, or inco	omplete intor	mation may s	ubject the pers	on signing th	is Report to th	ne penalties	of 2 U.S	.C. §437g.
Offic Use								FEC F	ORM 12/2004	

2016 07 25 05 00091205

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name NUALUA RECURIC	AN ASSEMBLY S	when PAc
Report Covering the Period: From:	79 6° 10 ' 20 100 T	. <u>66</u> 30 / 20(6
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		(129)
(b) Cash on Hand at Beginning of Reporting Period	7.4	
(c) Total Receipts (from Line 19)	7090	21700
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17.9.74	2571
7. Total Disbursements (from Line 31)	10217	१५२,१५
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6855	6957
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	[13256]	
This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

2016 - 07 - 25 - 08 - 00091206

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:	4 2016	06/30/2010
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1700	217.00
(b) Political Party Committees		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 2. Transfers From Affiliated/Other Party Committees	17000	21700
3. All Loans Received		
Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
Political Committees		
(Dividends, Interest, etc.)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	17000	21780
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17,000	21.700

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Production Control	Calcination real-to-bate
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating Expenditures	10217	4714
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶		
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
26	Loan Repayments Made		
20.	Loan Repayments Made		
27	Loans Made		
28.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
20	Other Disbursements		
23.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31	Total Disbursements (add Lines 21(c), 22,		
U 1.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1,2712	145 16
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	19217	(4714)

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 5
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17900	21790
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17000	2/760
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10217	14714
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10217	14114

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30b	
Any information copied from such Reports and Statem	ente may not be sold or used		<u> </u>	
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
MOIANA REPUBLIC	AN ASSEM	BLY	Super PAC	
Full Name (Last, First, Middle Initial) A.			Date of Disbursement	
~ 60 DADDY	•		Will some state of	
Mailing Address 14455 N. HAYOM	V ROAD		Complete Com	
City	ate Zip Code			
ScottSDAVE A	2 85260			
Purpose of Disbursement	1.4	CHAIR TOMOSTONIONION	Amount of Each Disbursement this Period	
Candidate Name		Andrews in the Control of the Contro	The second secon	
		Category/ Type	considerate and the martine resident to was summer of the series of its	
Office Sought: House Disbursem				
· 🗀 '	Primary : General Other (specify)			
State: District:	omer (specify)			
Full Name (Last, First, Middle Initial)	****			
B. TEASE			Date of Disbursement	
- FEDEX			05 03 2016	
Mailing Address 5030 W PIKE PLA			(Assemblement) has conditioned (Assemblement)	
City S INDIGNIADOLL C	tate Zip Code 46254			
Purpose of Disbursement		ADDROVED AND .		
FLYERS		DELA PROPERTY.	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	869	
Office Sought: House Disbursem				
	Primary General Other (specify)			
State: District:	Striet (apecity) •			
Full Name (Last, First, Middle Initial)				
C. NEWDYS			Date of Disbursement	
	ROAD		06 07 20 16	
Mailing Address 5699 G CORGETOWN City INDIANA POUS	tate Zip Code	f		
Purpose of Disbursement		TRANSPORT		
MEALS Candidate Name		ran ran Jaron Perona	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	1524	
Office Sought: House Disbursem	ent For:	1300	अन्यक्षेत्रण्यात्रात्रीय व्यक्तिम्बन्या । शांका अत्यापरी अस्तर साम्यापरी या । विकास स्वयंत्रा वर्ष	
Senate	Primary 3 General			
	Other (specify)		<u></u>	
State: District:			do, sur demonstrativement in legals and the signed at the westerately into the	
SUBTOTAL of Disbursements This Page (optional)				
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TOTAL This Period (last page this line number only).			, was manned the commence of t	

ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: (check only one)		PAGE O	
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NAME OF COMMITTEE (In Full)	ic and dataces of any pointed.				
) INDIONA REDUBL	CAN ASSO	1BLY	SUPER	2 PAC	
Full Name (Last, First, Middle Initial) A.			Date of Disburseme	ent	
PARK INDY	206 04	2001	/_		
Mailing Address E WASHINETO P	U		- Company - Company	mana,mana in kisia	<u> </u>
INDIANA POUS	State Zin Code 201	Y			
Purpose of Disbursement PARKUG FEES		Mark Complete Colors on	Amount of Each Dis	sbursement this P	eriod
Candidate Name		Category/	and day of the second s	2	25
Office Sought: House Disburser			The state of the s		
	Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B.			Date of Disburseme	ent	-
MEDIAFIRE.				OS V	<i>y</i>
Mailing Address 19241 DAVID MEM	ORIAL DRIVE	-	1 ZERBO LINE SHOPE CONTROL		<u> </u>
City SHEJANDOAU	State Zip Code 7739 5	•			
Purpose of Disbursement		ed in the Parties of Marie .	Amount of Each Di	sbursement this F	eriod
Candidate Name	1,	Category/ Type	and the state of t	5 =	2
Office Sought: House Disburser		·			
	Primary General Other (specify) ▼		•	•	
State: District:					
Full Name (Last, First, Middle Initial)	and the child	004	Date of Disburseme	ent	
Mailing Address	MANITY CA	7-01	06 14	20/	Č
4650 N 624D ST			Seedle Committee	· · · · · · · · · · · · · · · · · · ·	
INDIANA DOUS	State Zip Code 269	3			
Purpose of Disbursement Do NA-170		(2) phay "agrees/patrion" (3)			
Candidate Name		Category/	Amount of Each Di		eriod
Office Sought: ; House Disburser	ment For	Туре	and the same of the same	, 1,, 1, 0,	<u>ω</u>
Senate	Primary General				
State: District:	Other (specify)				
			Sur Elisa (Sept. September Grander)	به تجویه ۱۰ رفتیندر بند تو هر تبیح د	
SUBTOTAL of Disbursements This Page (optional)		······	an representation of the months of	a surp Maximus and a second of the second of	
TOTAL This Period (last page this line number only)			and the second		25

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE N	one)		
	for each category of the Detailed Summary Page	21b 27·	22 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	ICAN ASS	SEMB	Ly SUPER PAC		
A. REGIONS BANK Mailing Address S020 S EMERS	on Aut		Date of Disbursement		
City REVELY Purpose of Disbursement FECS Candidate Name	:	7 Scheme true Category/ Type	Amount of Each Disbursement this Period		
<u> </u>	nent For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) B.			Date of Disbursement		
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	State Zip Code		•		
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<u> </u>	nent For: Primary ☐ General Other (specify) ♥				
Full Name (Last, First, Middle Initial) C.			Date of Disbursement		
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	State Zip Code				
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SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

				
INDIANA REPUBLIEAN ASS	EMBLY SUPER PAC			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
BROUN, DONNA M	Primary General			
	Other (specify)			
5720 PORTAJ PRINCE, APT E	ode Ulozzy			
Original Amount of Loan Cumulative Payment To				
150 000	60000			
TERMS				
Date Incurred Date Due Date Due Date Due Date Due				
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
2. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer			
2. Full Name (Last, First, Middle Hillar)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
FOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
NDANA REPORUCAN ASSEMBLY SUPER DAC				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary			
BROWN, DONNA M	General			
Mailing Address				
Mailing Address 5700 PORT AUPRIDE, APT B City INDIANADOUS State IN ZIP CO				
City NO IANA OCCES State (N ZIP Co	de 46224			
Original Amount of Loan Cumulative Payment To				
70000	17233 5827 67			
The state and the second secon	house grounder of the same in the secretary and house country of the same of the same of			
TERMS Date Incurred Date Due	Interest Rate Secured:			
06 20 2013 12 31 2	5 16 % (apr) ★Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount правитивация выниципального и этом станов на предоставления			
City State ZIP Code	Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount (क्षण्यासम्बद्धाः स्थानकारम् स्थानकारम् । Guaranteed			
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3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
3				
	Amount (with state wheel seeing general states) while a second grant			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
(and) and (and)				
Mailing Address	Occupation			
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3X)

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LOANS COANS	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X	
NAME OF COMMITTEE (In Full)			
INDIANA REPUBLICAN ASSE		PER DAC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	, l	Election: Primary	
GEORGE HERMS		General	
Mailing Address 259 SIOUK CIRCLE	11127.	Other (specify)	
City NOBLEWILL State / ZIP Cod	le 46062		
Original Amount of Loan Cumulative Payment To I	Date Balanc	e Outstanding at Close of This Period	
Date Incurred Date Due	Interest Rate	Secured: % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source		•	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Guaranteed	and the second s	
2. Full Name (Last, First, Middle Initial)	Outstanding: Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Guaranteed	ong na saming yang pinakan nagarang magan pinakan nagarang. Bulgari sanah samail samin samangan difini sula ini.	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:	A CONTRACTOR OF THE STATE OF TH	
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAI	NAME OF COMMITTEE (In Full)					
	INDIANA REPUBLICAN ASSEMBLY SUPER DAG					
	LOAN SOURCE Full Name (Last, First, Middle Initial)					
	MOORE, JENNIE	General				
	Mailing Address 7011 LANTERN ROPD,	Other (specify)				
<u> </u>	City INDANAPOUS State N ZIP (Code 46256				
ſ	Original Amount of Loan Cumulative Payment					
	11,0000	120200 979800				
-	TERMS					
	Date Incurred Date Do	interest Rate Secured: % (apr) Yes INo				
Ī	List All Endorsers or Guarantors (if any) to Loan Source					
Ì	1. Full Name (Last, First, Middle Initial)	Name of Employer				
-	Mailing Address	Occupation				
	City State ZIP Code	Amount Guaranteed Outstanding:				
ļ	O Full Name (Last First Middle Initial)	Outstanding.				
	2. Full Name (Last, First, Middle Initial)	Name of Employer				
}	Mailing Address	Occupation				
-	City State ZIP Code	Amount servere recommended a comment result of the comment of the				
ŀ	3. Full Name (Last, First, Middle Initial)	Name of Employer				
-	Mailing Address	Occupation				
		1				
-	City State ZIP Code	Amount whomen a more a conservation as the process of the Guaranteed				
	Only State Zii Oode	Outstanding:				
Ì	4. Full Name (Last, First, Middle Initial)	Name of Employer				
}	Mailing Address	Occupation				
		Amount				
-	City State ZIP Code	Amount Oct vis supplier and patrick in message as oct. Guaranteed				
		Outstanding: 20 Proximation (Mosselland Community				
su	SUBTOTALS This Period This Page (optional)					
то	TALS This Period (last page in this line only)	0- 20 -0				
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2016 JUL 25 AM 10: 18





FEDERAL FLECTION COMMISSION 20463 gag E STREET, NM MASKINGROW DO

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

The FEC added this page to the end of this filing to indicate	e how it was received.
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USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER (3/2015)	7/25/2016 DATE PREPARED